



219 North Main Street, Suite 402
Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1300

Site Review Form

Note: This is to be conducted within the first 4 weeks of site operation.

Date of Site Visit:

Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Sponsor Name:

Site Name:

Site Address:

Site Phone Number:

Site Supervisor Name:

Site Type:

☐ Open ☐ Closed-Enrolled ☐ Non-residential Camp ☐ Residential Camp

Average Daily Participation:

Today's attendance:

Approved Meals:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

Meal Observed: _____

Approved Meal Service Time: _____

Day of Visit	Meal Observed: _____
# meals delivered (if applicable)	
# meals leftover from previous day	
Time meals delivered (if applicable)	
Time Meals Served	
# First Meals Served to Children	
# Second Meals Served to Children	
# Meals Served to Program Adults	
# Meals Served to Non-Program Adults	
# of discarded meals (dropped/spoiled/incomplete)	
# of Meals Leftover	



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1. Has the Site Supervisor and other site personnel received training? ☐ Yes ☐ No
2. Does the site have sufficient meal service supervision? ☐ Yes ☐ No
3. Are meals counted/checked before signing delivery receipt (if applicable)?
☐ Yes ☐ No
4. Are Point of Service meal counts properly taken and recorded? ☐ Yes ☐ No
5. Are second meals served? ☐ Yes ☐ No If yes, is this excessive? ☐ Yes ☐ No ☐ N/A
6. Are adult meals being tracked? ☐ Yes ☐ No
7. Do meals meet meal pattern requirements? ☐ Yes ☐ No
8. Are proper food safety and sanitation practices followed during the preparation, storage, and service of meals and the handling of leftovers? ☐ Yes ☐ No
9. Is the meal adjustment procedure sufficient? ☐ Yes ☐ No
10. Are meals served during the time approved by the State Agency? ☐ Yes ☐ No
11. Are all meals served and consumed on-site? (It is up to the sponsor's discretion to allow **either** a fruit, vegetable, or grain to be taken off site). ☐ Yes ☐ No
12. Is there an "And Justice for All" non-discrimination poster on display in a prominent place? ☐ Yes ☐ No
13. Are meals served to children regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity, or marital/civil union status? ☐ Yes ☐ No
14. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages? ☐ Yes ☐ No
15. Are reasonable modifications provided to accommodate students with disabilities? ☐ Yes ☐ No
16. Are materials regarding the availability and nutritional benefits of the program provided in languages other than English, as necessary? ☐ Yes ☐ No

Did any of the following program violations occur?

1. Adult meals included in the count of meals served to children ☐ Yes # _____ ☐ No
2. Meals consumed off-site ☐ Yes # _____ ☐ No
3. Meals served outside approved meal service time ☐ Yes # _____ ☐ No
4. Non-unitized meals (without a waiver) ☐ Yes # _____ ☐ No
5. Did not comply with the SFSP meal pattern; meals missing and/or inadequate components ☐ Yes # _____ ☐ No

This institution an equal opportunity provider.



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Check and explain if any of the following apply:

- ☐ No records
- ☐ Incomplete records
- ☐ Poor sanitation

Corrective Action discussed with (Name and Title)

Corrective Action taken:

Site Supervisor's comments:

Further action needed by date

I certify that the above information is correct:

Monitor's name:

Monitor's signature:

Date:

Site Supervisor Name:

Site Supervisor Signature:

Date: